



PTO/SB/82 (09-03)

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<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	09/114,810-Conf. #9691
	Filing Date	July 13, 1998
	First Named Inventor	Anthony Atala
	Art Unit	3763
	Examiner Name	C. L. Rodriguez
	Attorney Docket Number	101353-0251

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: ☒ Please change the correspondence address for the above-identified application to:☒ The address associated with  
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☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Donald P. Lombardi, Title: Director For: Children's Medical Center Corporation		
Signature	<i>Donald P. Lombardi</i>		
Date	<i>5/7/04</i>	Telephone	<i>617 355 7050</i>

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of 1 forms are submitted.RECEIVED  
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